PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

Complete if Known

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Effective on 12/08/2004.

ant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

l cee to	ANIC	PARTTA		Application Nun	iber	10/021,	707			
FEE TRANSMITTAL For FY 2005			∖∟ ∐	Filing Date		April 12, 2004				
				First Named Inventor		Bu Qin RUAN				
Appliance alaims and	11 474 4 - 4	- 0 07 OFB 4 0		Examiner Name	•	Evan H.	Langdo	n		
Applicant claims sma	ii entity statu	s. See 37 CFR 1.2	<u> </u>	Art Unit		3654				
TOTAL AMOUNT OF PA	YMENT (\$	6) 400		Attorney Docket	No.	T1000-0	001-P00)1		
METHOD OF PAYMEN	IT (check a	ll that apply)								
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name:										
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee									
			nts of fee	~ 				xcept for the filing fee		
Charge any additional fee(s) or underpayments of fee(s) will credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION										
1. BASIC FILING, SEA										
	FILING	FEES Small Entity	SEARC	CH FEES Small Entity	EXAN	OITANIN	N FEES Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee		e (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200) 10	00			
Design	200	100	100	50	130) (55			
Plant	200	100	300	150	160) {	80			
Reissue	300	150	500	250	600	30	00			
Provisional	200	100	0	0	C)	0			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) 20 - 20 or HP = 0 x 0 = 0 HP = highest number of total claims paid for, if greater than 20.							50 200 360 ultiple D	Small Entity Fee (\$) 25 100 180 ependent Claims Fee Paid (\$)		
	FEE d drawings FR 1.52(e)	x 200 s paid for, if greater the exceed 100 sheets), the application s	= 4 an 3. s of pape size fee	due is \$250 (\$	125 for	•	. .	ence or computer each additional 50		
sheets or fraction to Total Sheets - 100 = 4. OTHER FEE(S) Non-English Specific	Extra She	<u>ets</u> / 50 =	of each	additional 50 or (round up to a w	<u>r fractic</u>		Fee	Fees Paid (\$) Fees Paid (\$)		
Other (e.g., late filing surcharge):										
CUDMITTED DV						_=				
SUBMITTED BY Signature	110		R	egistration No.	2040		Telenho	ne 617-868-8870		
<u> </u>	110	>^ <i>(</i>)	(A	ttorney/Agent) 42	2,318			<u> </u>		
Name (Print/Type) Michael B	ergmah						Date	MAR 0 5 2007		

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MAR 0 8 2007

PTO/SB/21 (09-06)

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ADMIN			Application Number 10/821,98		,987					
TRANSMITTAL			Filing Date	April 26	6, 2007					
FORM			First Named Inventor	Bu Qin	RUAN					
			Art Unit	3654						
(to be used for all correspondence after initial filing)			Examiner Name	Evan H	Evan H. LANGDON					
Total Number of Pages in This Submission ?			Attorney Docket Number	T1000-	0001-P001					
ENCLOSURES (Check all that apply)										
Fee Trans	smittal Form		Drawing(s) (2 Sheets; Figs 1-2	2)	After	Allowance communication to (TC)				
√ Fee	Fee Attached		Licensing-related Papers			al Communication to Board of als and Interferences				
Amendment / Reply (16 pp)			Petition		Appe	eal Communication to TC eal Notice, Brief, Reply Brief)				
After Final		Petition to Convert to a Provisional Application		Propr	rietary Information					
Affidavits/declaration(s)			Power of Attorney, Revocation Change of Correspondence Add	iress	Statu	s Letter				
Extension of Time Request			Jegminal Disclaimer		Other below	Enclosure(s) (please identify):				
Express Abandonment Request			Request for Refund		1. Return R	eceipt Postcard				
Information Disclosure Statement			CD, Number of CD(s)							
Certified Copy of Priority			Landscape Table on CD							
Reply to Missing Parts/		Rema	arks							
Incomplete Application										
Reply to Missing Parts under 37 CFR 1.52 or 1.53										
	SIGNA	TURE	OF APPLICANT, ATTORNE	Y, OR	AGENT					
Firm Name	Bergman & Song LLP		[Customer No. 64884	<u>-</u>						
Signature	MIS	مم	AV							
Printed name	Michael Bergman									
Date MAR 0 5 2007				Reg	j. No. 42318					
CERTIFICATE OF TRANSMISSION/MAILING										
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Signature 15xxx										
Typed or printed name Michael Bergman					Date	MAR 0.5 2007				

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